



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1269853
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

TO:
STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING
130 SOUTH MARKET, SUITE 2078
WICHITA, KANSAS 67202

API Well Number: 15-063-22073-0000
Spot: NE SW SE SW Sec/Twnshp/Rge: 35-11-31W
380 feet from S Section Line
1830 feet from E Section Line
Lease/Unit Name: LOCKWOOD Well Number: 1-35

County: GOVE Total Vertical Depth: 4609 feet

Operator License No.: 6039

Operator Name: L D DRILLING CO
Address: 7 SW 26TH AVE
GREAT BEND KS. 67530

String	Size	Depth (ft)	Pulled (ft)
Conductor			
Surface	8 5/8	342'	249 SXS
Production	4 1/2	3608'	685 SXS
Liner			

Well Type: OIL UIC Docket No: _____ Date/Time to Plug: 9-28-15 11 AM

Plug Co. License No.: _____ Plug Co. Name: GREEN WELL SERVICE

Proposal Rcvd. from: _____ Company: _____ Phone: _____

Proposed

Plugging

Method

**450 SXS 60/30 POZ 4% GEL 500 # HULLS
PORT COLLAR @ 2496' WITH 225 SXS
PERFS@ 4190'-4194', 4216'-4220', 4432'-4434'**

Plugging Proposal Received By: MARVIN MILLS Witness Type: All Partial Not Witnessed

Date/Time Plugging Completed: 9-28-15 4:30 PM KCC Agent: MARVIN MILLS

Actual Plugging Report:

**RT TO 4420' PUMP 100 SXS CEMENT WITH 200# HULLS
PT TO 3095' PUMP 75 SXS CEMENT WITH 100# HULLS
PT TO 2090' PUMP 75 SXS CEMENT
PT TO 1091' PUMP 100 SXS CEMENT GOOD CIRCULATION OF CEMENT
PT OUT TOP OFF CASING WITH 10 SXS CEMENT FULL
TIE ON BACK SIDE SQUEEZE WITH 10 SXS CEMENT SHUT IN 300 PSI**

Remarks: GPS: 39.04868 100.73344 GLOBAL CEMENT TK # 2515

Plugged through: TUBING MARVIN MILLS ON JOB FOR LD

District: 04 Marvin Mills

Signed _____

(TECHNICIAN)

GLOBAL CEMENTING, L.L.C.

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:
Russell, KS

DATE <u>9-28-15</u>	SEC. <u>35</u>	TWP. <u>11</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>1PM</u>	JOB START <u>2:30PM</u>	JOB FINISH <u>4:30PM</u>
LEASE <u>Lock wood</u>	WELL #. <u>1-35</u>	LOCATION			COUNTY <u>GOVE</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR GREEN OILFIELD SERVICES OWNER _____

TYPE OF JOB BEAD

HOLE SIZE	T.D.
CASING SIZE <u>4 1/2</u>	DEPTH
TUBING SIZE <u>3 3/8</u>	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX.	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT	EQUIPMENT

PUMP TRUCK # P1 CEMENTER BEAD/HEATH HELPER BEAD

BULK TRUCK # B1 DRIVER HEATH

BULK TRUCK # _____ DRIVER _____

CEMENT AMOUNT ORDERED 365 SX 60/40 POC
4 1/2 GRC 1/4 FLOATED

COMMON	@	_____
POZMIX	@	_____
GEL	@	_____
CHLORIDE	@	_____
ASC	@	_____
<u>HULLS</u>	@	<u>300#</u>
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
HANDLING	@	_____
MILEAGE	@	_____
		TOTAL _____

REMARKS:
1st - 100SX - 200# 4420'
2ND - 75SX - 100# 3095'
3RD - 75SX - 100# 2090'
4TH - CIRC. 100SX 1091'
TOP OFF WITH 100SX BACKSIDE 5 SX

CHARGE TO: LD

STREET _____

CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE _____

SERVICE

DEPTH OF JOB	_____
PUMP TRUCK CHARGE	_____
EXTRA FOOTAGE	@ _____
MILEAGE	@ _____
MANIFOLD	@ _____
_____	@ _____
_____	@ _____
TOTAL _____	

PLUG & FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL _____	

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS